

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

01603

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester County
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 38 days
Hospital, institution, or street address where death occurred:
Coverage Md. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Tacoma
City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles H.

Blades

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Separated
6. (b) Name of husband or wife Annie Beason
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Mar. 20, 1878
8. AGE: Years 69 Months 10 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Tacoma Co. Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Thomas J. Beason
13. Birthplace Caroline Co. Md.
14. Maiden name Carrie Adams
15. Birthplace Tacoma Co. Md.

16. Informant Mrs. Alfred Fairbanks
Address St. Michaels Md.

17. Burial Date thereof Feb 16, 1948
(If not, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Sanding Field

Location Easton Parish
18. Funeral director Maurice E. Newnam
Address Easton Md.

19. Feb. 13- 19 48 John Macer Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13th 19 48 at 6:07 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 7 19 48 to Feb 13 19 48
and that I last saw him alive on Feb 12 19 48

Immediate cause of death Fecal Fistula
C. Peritonitis
Due to Ruptured Appendix
and shock formation
Due to _____
Other conditions Insanity (??) year

(Include pregnancy within 3 months of death)
Major findings of operations Appendiceal Chemo
Date of op. 12-9-48
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury (See other side) Injured at work?

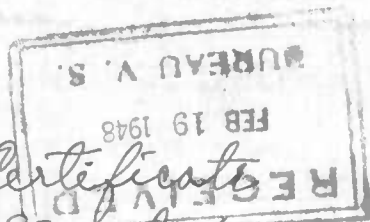
23. SIGNATURE Eldridge H. Weyand
Address Cambridge Md. Date signed 2-18-48

MARGIN RESERVED FOR BINDING

9-45-15

VS 415

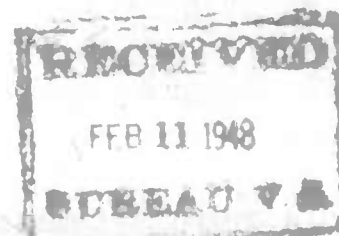
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



This Certificate
Was signed for
Dr John Hoer, Jr
of Cambridge, Md.
who was in attendance
but was out of town
when the patient died.

John Doeffner

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

01605

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... Dorchester
 City or town... Cambridge Maryland -
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Cambridge Md. Hospital
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? 4 days -

3. (a) FULL NAME

Winston Burlett Bryan

3. (b) Social Security Number

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

-

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

February 4, 1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

5

hrs.

min.

9. Birthplace

Cambridge Maryland -
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Robert Crowley -

13. Birthplace

Chance, Maryland -

14. Maiden name

Marion Bryan

15. Birthplace

Cambridge, Maryland -

16. Informant

Marion Bryan

Address

6 Harmon Ave, Cambridge Md

17. Burial

Burial

Date thereof

2-12-48
(month) (day) (year)

Cemetery or crematory

Green City

Location

Cambridge Md

18. Funeral director

Lewis H. Baynes

Address

Cambridge Md.

19. Date rec'd by registrar

2/12/48John Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Cambridge -
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Cambridge Md. Hospital
 (If rural, give LOCATION)

2. (a) If veteran, name war

-

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 19 48 at 10:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 4 19 48 to Feb 8 19 48and that I last saw him alive on February - 8 19 48

Immediate cause of death

BronchopneumoniaDue to Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carol M. Allen MD

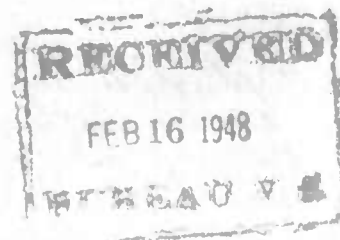
M. D. or other

Address Cambridge MdDate signed 2-9-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01606

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 mos. 14 ds
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 1 mon. 14 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Herbert L. Bryson

3. (b) Social Security Number

unknown

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Carrie Stanley
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 15 1886
 8. AGE: Years 61 Months 01 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Elk Mills, Cecil Cy. Md.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business _____
 12. Name Thomas Bryson
 13. Birthplace Elk Mills Cecil Cy Md.
 14. Maiden name Annie Dilkes
 15. Birthplace Elk Mills Cecil Cy. Md.

16. Informant Hospital Records
 Address Cambridge, Md.

17. Burial Date thereof 2-22-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Elkton
 Location Elkton, Cecil Cy. Md.
 18. Funeral director Joseph R. Grant
 Address North East, Md.
 19. 2/19/48 19 48 John Macgregor
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 19 48 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 5 19 48 to February 18 19 48
 and that I last saw him alive on February 17 19 48

Immediate cause of death Chronic Myocarditis and Myocardial Degeneration
 DURATION 3 yrs

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe M.D. or other _____
 Address Cambridge Md. Date signed 2/19/48

RECEIVED
FEB 23 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 Months
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? One Week

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 119 Franklin Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Nettie Willey Cook

3. (b) Social Security Number
 - - - - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife John A. Cook
 Died 6/11/1947 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) April 14, 1885
 8. AGE: Years 62 Months 9 Days 26 If less than one day
 hrs. min.

9. Birthplace James Island, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation
 11. Industry or business

12. Name Samuel Willey
 13. Birthplace Maryland
 14. Maiden name Sarah Ann Matthews
 15. Birthplace Maryland

16. Informant Mr. Calvin Cook
 Address Cambridge, Maryland

17. Burial Date thereof Feb. 12, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
Cambridge, Maryland
 Location

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Feb. 12, 48 19. 48 John E. Hunter, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1948 at 4:20 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8 FEB 19 48 to 10 FEB 19 48
 and that I last saw h. ER alive on 9 FEB 19 48

Immediate cause of death CORONARY
THROMBOSIS

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results NOT DONE
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE John E. Hunter, M.D.
1057 Church St. M. D. or other
 Address CAMBRIDGE MD. Date signed 10 FEB 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 16 1948
BUREAU 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

01608

1. PLACE OF DEATH: Dorchester
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 day
 Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
 How long in hospital or institution? 10 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 518 Oakley
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Annie R. Messick Cox

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

8. (b) Name of husband or wife Wm E. Cox

7. Birth date of deceased (mo., day, yr.) May 21 - 1874 6. (c) If alive, give age _____ years

8. AGE: Years 73 Months 8 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Easton Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business John W. Hurlock

12. Name Easton

13. Birthplace Margaret

14. Maiden name Viene

15. Birthplace Mrs Crosby Murphy

16. Informant Cambridge Md

17. Burial Date thereof 2-19-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Cambridge Cemetery

Location Cambridge, Md.

18. Funeral director Rembert R. Shivers

Address Cambridge, Md.
2/19/48 John Messick Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb -17- 1948 at 9:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 1948, to Feb 17 1948, and that I last saw him alive on Feb 17 1948.

Immediate cause of death Coronary Heart failure & post. occlusion

Due to Posterior Neimphlegia

Due to allat. massive central hemorrhage

Due to Syphilitic CVD

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

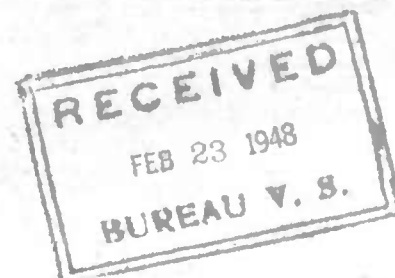
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Thompson MD M. D. or other

Address Cambridge Date signed Feb 17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

01609

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Days

Hospital, institution, or street address where death occurred:

Cedar Street

How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Michigan

County... -

City or town... Detroit

(If outside city or town limits, write RURAL and give nearest town)

Street No. -

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Louise Cecil Marshall Dotterer

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed8. (b) Name of husband or wife... Martin C. DottererDied

7. Birth date of

deceased (mo., day, yr.) July 31, 1875

6. (c) If alive, give age... years

8. AGE:

Years

72

Months

6

Days

24

If less than one day

hrs.

min.

9. Birthplace... RFD # 3, Cambridge, Md

(Town, county, and state)

10. Usual occupation - - - - -

11. Industry or business - - - - -

12. Name... Robert S. Marshall13. Birthplace... Maryland14. Maiden name... Margaret Ann Elliott15. Birthplace... Maryland16. Informant... Mrs. Winnie MarshallAddress... Cambridge, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof... Feb. 27, 1948

(month) (day) (year)

Cemetery or crematory... Greenlawn CemeteryLocation... Cambridge, Maryland18. Funeral director... LeCompte's Funeral ServiceAddress... Cambridge, Maryland.19. Feb. 27, 1948

(Date rec'd by registrar)

John Marshall

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 25, 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/21 19 48 to 2/25 19 48and that I last saw him/her alive on 2/25 19 48

Immediate cause of death

Acute myocardial failure

DURATION

1 dayDue to... uremia, arteriosclerotic nephritis4 daysDue to... arteriosclerotic H.D.unknownOther conditions... secondary anemia

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

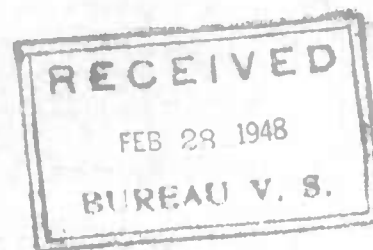
Injured at work?

23. SIGNATURE

Lawrence Maryanov

M. D. or other

Address... 136 Race St. Cambridge, Md.Date signed... 2/24/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01610 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
313 Pine Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 313 Pine Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ella N. Harris

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Edward Harris
 7. Birth date of deceased (mo., day, yr.) Jan 26 1876
 6.(c) If alive, give age _____ years

8. AGE: Years 72 Months 0 Days 17 hrs. _____ min. _____

9. Birthplace Cambridge, Dor. Co. Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
 12. Name Elisha Perry
 13. Birthplace Dor. County, Md
 14. Maiden name Henrietta Kinder
 15. Birthplace Dor County Md

16. Informant Edgar Harris
 Address Cambridge, Md

17. Burial Date thereof Feb 17 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Bethel Cemetery

Location Cambridge, Md

18. Funeral director H. M. Miller & Son
 Address Cambridge, Md.

19. 217 19 48 John M. ...
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 19 48 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9 19 48 to Feb 13 19 48
 and that I last saw him alive on February 13 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 3 wks

Due to Sen. Hypertension 14 m.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

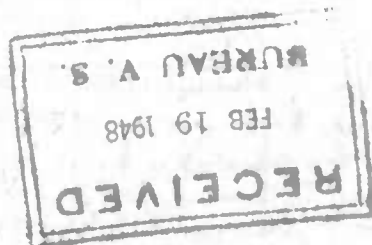
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M. ... M. D. or other

Address ... Date signed 2-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The direct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01611

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life Time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Martin W. Harris

4. Sex

Male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Married8. (b) Name of husband or wife Della Harris6. (c) If alive, give age 48 years7. Birth date of deceased (mo., day, yr.) February 26, 18958. AGE: Years 51 Months 11 Days 14 If less than one day
.....hrs.min.9. Birthplace Cambridge, Maryland
(Town, county, and state)10. Usual occupation Clerk11. Industry or business Drug Store12. Name Albert Harris13. Birthplace Cambridge, Maryland14. Maiden name Josephine Parker15. Birthplace Vienna Dor. Co. Md.16. Informant Mrs. Della HarrisAddress 326 High Street17. Burial Date thereof Feb 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Waucho CemeteryLocation Cambridge, Md.18. Funeral director H. M. Sollar & SonAddress Cambridge, Md.19. 2/12/48 19 48 John M. Sollar, M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 326 High Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

214 -07-8082

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 19 48 at 8:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 9 19 48 to Feb 10 19 48
and that I last saw him alive on February 10 19 48Immediate cause of death Cerebral HemorrhageDue to San Angustin

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?23. SIGNATURE Curry M. Sollar M.D.Address Cambridge, Md. Date signed 2/11/48

RECEIVED

FEB 16 1948

BUREAU OF B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

01612

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Brookview
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Brookview
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Iida E. Hastings

3.(b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife William H. Hastings
 7. Birth date of deceased (mo., day, yr.) May-9" 1868 6.(c) If alive, give age 78 years
 8. AGE: Years 79 Months 9 Days 16 If less than one day _____ hrs. _____ min.

8. Birthplace Dorchester Co. Maryland
 (Town, county, and state)
 10. Usual occupation House-work
 11. Industry or business Own home

12. Name No information
 13. Birthplace "
 14. Maiden name Sophia Goslin
 15. Birthplace Dorchester Co. Maryland

16. Informant William H. Hastings
 Address Rhodesdale Md. R.F.D.
 17. Burial Date thereof 2-28-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brookview Cemetery
 Location Brookview, Dorchester Co. Md.

18. Funeral director J. J. Frampton & Son
 Address Federalburg Md.

19. Feb 28 - 1948 Chas. Hastings
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25" 1948 at 7:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1946, to Feb 24 1948
 and that I last saw him alive on Jan 24 1948
 Immediate cause of death Paralysis

Due to apophytic stroke
arteriosclerosis
 Due to arteriosclerosis
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE R. L. Brown, M.D.
East Row Market M. D. or other _____
 Address _____ Date signed 2/27/48

RECEIVED

MAR 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

96

01613

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 16 1/2 years
 Hospital, institution, or street address where death occurred:
Moore's Ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Moore's Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Elizel Henney

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Levin Henney

7. Birth date of deceased (mo., day, yr.) Don't know 8. (c) If alive, give age 62 years

8. AGE: Years 63 Months 03 Days 03 If less than one day hrs. min.

9. Birthplace back neck md
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business none

12. Name Elizel Benson

13. Birthplace Maryland

14. Maiden name Don't know

15. Birthplace Don't know

16. Informant Elizel Benson

Address 12 Moore Ave Cambridge

17. Wagon Date thereof 2/6/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crematorium

Location Cambridge

18. Funeral director Levin H. Benson

Address Cambridge md

19. Feb 4 19 48 John Macfarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 19 48 at 6 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 19 48 to Death 19 48

and that I last saw him alive on Jan 29 19 48

Immediate cause of death Myocardial Infarction CVD & hypertension DURATION ?

thrombosis of aorta.

Due to (Not syphilis)

Due to

Other conditions Arteriosclerosis Aneurysm ?

of aorta
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

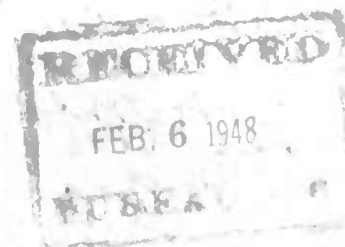
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE W. Brown M. D. or other MD
 Address Cambridge Date signed Feb 4 48



01614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 MonthsHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? 5 Months

3. (a) FULL NAME

Willie Brannock Hill

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife J. Gorman HillDied 5/30/427. Birth date of deceased (mo., day, yr.) Aug. 24, 18898. AGE: Years 58 Months 5 Days 22 If less than one day
hrs. min.9. Birthplace Church Creek Dorchester Co. Md.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name William A. Brannock13. Birthplace Maryland14. Maiden name Addie Vickers15. Birthplace Maryland16. Informant Mrs. Edward JonesAddress Church Creek, Maryland17. Burial Date thereof Feb. 19, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/19/48 John Mace
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. Church Creek

(If rural, give LOCATION)

2. (a) If veteran, name war - - - -

3. (b) Social Security Number

- - -

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Tues. 1948 to February 16, 1948and that I last saw her alive on February 16, 1948

Immediate cause of death

DURATION

Generalized metastatic carcinoma 5 monthsDue to Carcinoma of the right ovary 20 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of the right ovaryDate of op. July 7, 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lila Owen Brannock, M.D.

M. D. or other

Address Cambridge, MarylandDate signed Feb. 17, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

01615

1. PLACE OF DEATH:

County Dorchester
 City or town Eldorado Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Eldorado Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Laura J. Holley -

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Orin J. Holley

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 12 - 1867

8. AGE: Years 80 Months 2 Days 24 hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)

10. Usual occupation House-work

11. Industry or business

12. Name William A. Miller13. Birthplace Rockbridge Co. Virginia14. Maiden name Margaret Ann Whyler15. Birthplace Rockbridge Co. Virginia18. Informant Raymond HolleyAddress Hurlock, Ind.17. Burial Date thereof Feb 9 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Eldorado CemeteryLocation Eldorado Maryland18. Funeral director J. J. Frankston & SonAddress Federalburg, Ind.19. February 9th 1948 Chas. W. Harting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1948 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30 1948 to Feb. 6 1948
 and that I last saw him alive on February 4 1948

Immediate cause of death Diabetes mellitus DURATION 5 yrs +

Due to _____

Due to _____

Other conditions General Arteriosclerosis 5 yrs +

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Harrison MD M. D. or other _____Address Hurlock Md. Date signed 2/7/48



MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

016166

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind (b) County Dorchester(c) City or town Taylor's Island
(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account
No. none

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) abt July, 18788. AGE: Years Months Days If less than one day
about 69 7 ? ? hr. min.9. Birthplace Taylor's Island Ind.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Solomon Hooper13. Birthplace Ind14. Maiden Name Diana Gambey15. Birthplace Ind16 (a) Informant Carlos Hooper(b) Address Taylor's Island Ind.17 (a) Burial (b) Date thereof 2-22-48
(Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory Cemetery
Location Taylor's Island Ind.18 (a) Funeral director Servisa, Wayne(b) Address Cambridge Ind.19 (a) 2-21-48 (b) John Mace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 19 48, at 8 P. M21. I certify that death occurred on the date above stated; that I attended deceased from June 1947, to Feb. 1948 and that I last saw him alive on Dec. 1947.

Immediate cause of death

Coronary heart failure Duration 1 mo.Due to arteriosclerosis ?C.V.D. ?Due to arteriosclerosis ?generalized

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. Thompson M.D.Address Cambridge Date signed Feb. 24, 48

PHYSICIAN

Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 202 Locust St.
(If rural, give LOCATION)
2.(a) If veteran, name war - - -

3. (a) FULL NAME
Ethel Margaret Hopkins

3. (b) Social Security Number
- - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife
6. (c) If alive, give age 10 years

7. Birth date of deceased (mo., day, yr.) Jan. 10 1888

8. AGE: Years 60 Months 1 Days 17 It less than one day hrs. min.

9. Birthplace Cambridge Dor. Co., Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name William D. Hopkins

13. Birthplace Maryland

14. Maiden name Margaret P. Christopher

15. Birthplace Maryland

16. Informant Mr. Arthur Hopkins

Address Cambridge, Maryland.

17. Burial Date thereof Feb. 20, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 2/19 18 48 John M. [Signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1948 at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/10 19 48, to 2/17 19 48, and that I last saw him alive on 2/17 19 48.

Immediate cause of death CORONARY ARTERY THROMBOSIS DURATION 1 Hour

Due to ARTERIOSCLEROSIS

Due to THROMBO-ANGIITIS OBLITERANS

Other conditions DIABETES MELLITUS

(Include pregnancy within 3 months of death)

Major findings of operations - - - Date of op. - - -

Autopsy results - - -
PHYSICIAN: Please underline the cause to which death should be charged statistically.

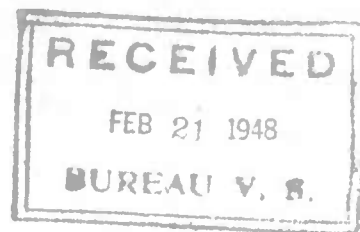
22. VIOLENCE: If death was due to external causes, fill in the following; NO
Accident, suicide, or homicide - - - Date of - - -

Where did injury occur? - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - -

Means of Injury - - - Injured at work? - - -

23. SIGNATURE [Signature] M. D. or other 2/18/48
Address Cambridge Md Date signed 2/18/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Wife
 Hospital, institution, or street address where death occurred:
406 High Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 406 High Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Rosetta Johnson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Theodore Johnson

7. Birth date of deceased (mo., day, yr.)

Jan 1 1879

6. (c) If alive, give age years

8. AGE:

Years 69 Months 1 Days 27 hrs. min.

9. Birthplace

Cambridge Dor Co Md

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 28 1948 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 4 1948 to Feb 28 1948and that I last saw him alive on Feb 27 1948

Immediate cause of death

Cerebral Hemorrhage

Due to

Sen Hypertension

Due to

Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Oste of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Corroli M St Clair M.D.Address 1000 N. Charles St Date signed 3-1-48

RECEIVED

MAR 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits write RURAL and give nearest town)
 How long in above place of death? all its life
 Hospital, institution, or street address where death occurred:
96 Park Lane
 How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits write RURAL and give nearest town)
 Street No. 96 Park Lane
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Maetria Louise Jones

3. (b) Social Security Number

4. Sex female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov 1 1947 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Cambridge
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Asbury Jones
 13. Birthplace Cambridge
 14. Maiden name Gladiolus Jones Holies
 15. Birthplace Linkwood Md

16. Informant Gladiolus JonesAddress 96 Park Lane

17. Burial Date thereof Feb 14 - 78
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Meader Cambridge18. Funeral director Levin H B aspinumAddress Cambridge

19. Feb 12 - 1978 John Mace, md
 (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1978 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8, 1978 to Feb 9, 1978
 and that I last saw him alive on February 9, 1978

Immediate cause of death
Pneumonia
RT.

DURATION
5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following no

Accident, suicide, or homicide Date of

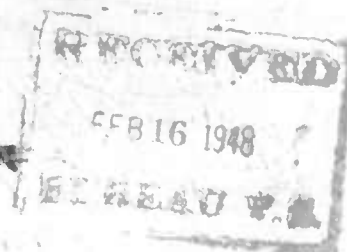
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Jones M. D. or other

Address Cambridge Md Date signed Feb 12, 1978



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland..... County.....Dorchester.....
 City or town.....Rhodesdale.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Ella J. Joyner

3. (b) Social Security Number

4. Sex.....Female..... 5. Color or race.....Colored..... 6.(a) Single, married, widowed, or divorced.....married.....
 6.(b) Name of husband or wife.....Hayward C. Joyner.....
 7. Birth date of deceased (mo., day, yr.).....Feb. - 1881..... 6.(c) If alive, give age.....75..... years
 8. AGE: Years.....67..... Months.....0..... Days.....=.....
 It less than one day.....hrs.min.

9. Birthplace.....Virginia.....
 (Town, county, and state)
 10. Usual occupation.....Housewife.....
 11. Industry or business.....Home.....
 12. Name.....unknown.....
 13. Birthplace.....Virginia.....
 14. Maiden name.....unknown.....
 15. Birthplace.....Virginia.....

16. Informant.....Hayward C. Joyner.....
 Address.....Rhodesdale.....
 17. Removal..... Date thereof.....3-1-48.....
 (Burial, cremation, or removal, Which?)..... (month) (day) (year)
 Cemetery or crematory.....March 1948.....
 Location.....Gravestone.....
 18. Funeral director.....Ben's Funeral.....
 Address.....Gravestone.....

19. 3/6/48.....
 (Date rec'd by registrar)..... Registrar.....John Macfarlane.....

MEDICAL CERTIFICATION

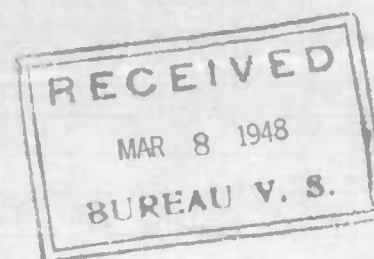
20. DATE OF DEATH.....Feb. 27..... 1948..... at.....4 A..... M.....
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
 19....., to.....19.....
 and that I last saw h.....alive on.....19.....

Immediate cause of death.....Disease Coronary Arteriosclerosis.....
 Due to.....Arterio Sclerosis.....
 Due to.....Angiogram Left hand.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....J. K. Shivers, Dep. Md. Exam......
 M. D. or other.....
 Address.....Cambria Md...... Date signed.....3/2/48.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Lee

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 19th 1868

8. AGE: Years 79 Months 8 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual occupation House work

11. Industry or business Witherby, J. Lee

12. Name Witherby, J. Lee

13. Birthplace Baltimore

14. Maiden name Estelle Emma

15. Birthplace Baltimore

16. Informant Mrs Hammond J. Allen

Address Hurlock

17. Burial Date thereof Feb 8th 1948
(Under, cremation, or removal (Which?)) (month) (day) (year)

Cemetery or crematory Cemetery

Location Hurlock

18. Funeral director F.B. Willoughby

Address Hurlock

19. Feb 8 - 1948 Registrar Charles Hasting

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 19 48 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 47 to Feb. 6 19 48 and that I last saw her alive on Feb. 6 19 48

Immediate cause of death General Arteriosclerosis DURATION 5 yrs +

Due to _____

Due to _____

Other conditions abdominal Tumor 5 yrs +
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE W. Harrison MD

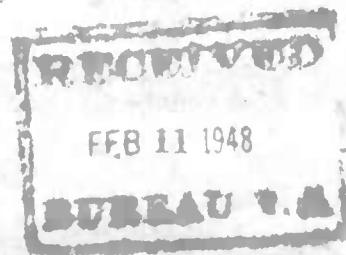
Address Hurlock Md. M. D. or other _____

Date signed 2/8/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 months, 2 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 9 months, 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Queenstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Alfred Mansfield

3. (b) Social Security Number

none4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed8. (b) Name of husband or wife Ella Summers

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 19, 18618. AGE: Years 86 Months 9 Days _____ It less than one day _____ hrs. _____ min.9. Birthplace unknown
(Town, county, and state)10. Usual occupation waterman

11. Industry or business _____

12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof Feb. 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Grassville CemeteryLocation Grassville, Md.18. Funeral director John S. BranscombeAddress Grassville, Md.19. 2/19 48 N. A. Peirce
(Date rec'd by registrar) (year) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 18 1948 at 2:00 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1947, to Feb. 18 1948and that I last saw him alive on Feb. 18 1948Immediate cause of death Cerebral arteriosclerosis DURATION unknown
chronic cardiovascular disease

Due to _____

Due to _____

Other conditions senile psychosis, paranoid
type
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. BranscombeAddress E.S.S.H. Cambridge, Md. Date signed 2/18/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

01624

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years, 1 month, 21 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 5 years, 1 month, 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Lavenia Marriner

3. (b) Social Security Number

none

| | | | |
|--|----------------------------------|--|---|
| 4. Sex <u>female</u> | 5. Color or race <u>white</u> | 6. (a) Single, married, widowed, or divorced <u>widowed</u> | |
| 6. (b) Name of husband or wife <u>John T. Marriner</u> | | | |
| 6. (c) If alive, give age _____ years | | | |
| 7. Birth date of deceased (mo., day, yr.) <u>July 18, 1861</u> | | | |
| 8. AGE: Years <u>86</u> | Months <u>6</u> | Days <u>18</u> | If less than one day _____ hrs. _____ min. |

9. Birthplace Somerset County, Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Henry Hayman
 13. Birthplace Maryland
 14. Maiden name Anne Mitchell
 15. Birthplace Maryland

16. Informant Eastern Shore State Hospital Records
 Address Cambridge, Maryland
Burial Date thereof Feb. 11, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Crisfield Cemetery
 Location Crisfield, Md.
Kenneth R. Thomas, Cambridge, Md.
 18. Funeral director Bradshaw Funeral Home, Crisfield
 Address _____
 19. 2/10/48 John M. J. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 19 48, at 7 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 19 42, to Feb. 5 19 48
 and that I last saw him/her alive on Feb. 5 19 48

Immediate cause of death General and cerebral arteriosclerosis DURATION more than 5 yrs

Due to Chronic myocarditis and myocardial degeneration

Due to _____
 Other conditions Senile psychosis, paranoid type
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____
 23. SIGNATURE Grace M. Branscombe, M.D.
E.S.S.H. Cambridge, Md. Date signed 2/6/48

RECEIVED
FEB 12 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01625

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 249 Race St

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Katherine C. Marshall

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Arthur J. Marshall

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Feb 29 - 1872

8. AGE:

Years 75Months 11Days 23

If less than one day

hrs. min.

9. Birthplace

Brooklyn N.Y.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

James Conner

13. Birthplace

Brooklyn N.Y.

MOTHER

14. Maiden name

Anna - last name unknown

15. Birthplace

Brooklyn N.Y.

16. Informant

Address

Archie Marshall
Harrington, Del.

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19 48John Marshall, Jr.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 2319 48at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

J. Marshall19 48to Feb 2319 48

and that I last saw him alive on

Feb. 2219 48

Immediate cause of death

Uremia

DURATION

14 days

Due to

hypertension, arteriosclerosis?

Due to

C.R.D.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Thompson, M.D.

M. D. or other

Address

Date signed

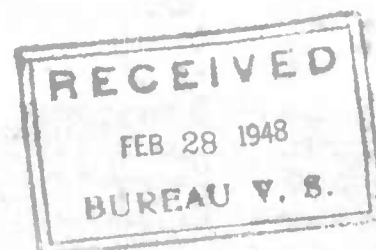
Feb 24, 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

01626

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
Crescent
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2.(a) If veteran, name war 217-10-8929

3. (a) FULL NAME

William McGill

3. (b) Social Security Number

4. Sex Male 5. Color or race Cal 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Julia McGill

7. Birth date of deceased (mo., day, yr.) June 11 1911 6.(c) If alive, give age 28 years

8. AGE: Years 36 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace King George, Co VA (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business none

12. Name William McGill

13. Birthplace King George, V.A

14. Maiden name Catherine Ross

15. Birthplace King George, V.A

16. Informant Julia McGill

Address Tanzler Island

17. (Burial, cremation, or removal, when?) Tanzler Island, Md. Date thereof (month) (day) (year)

Cemetery or crematory Tanzler Island

Location Tanzler Island, Md.

18. Funeral director Levin H. Bismarck

Address Cambridge Md.

19. Nov. 4 1948 John McGill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13 1948 to Feb 21 1948

and that I last saw him alive on Feb 20 1948

Immediate cause of death Bilateral lobar pneumonia

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

SIGNATURE J. Edwin Farned M. D. or other _____

Address 30 Main Cambridge Md. Date signed 3-4-48

RECEIVED

MAR 6, 1948

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01627

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 210 B Rose St
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Helsworth V. McNamara

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Bessie E. Stephens

7. Birth date of deceased (mo., day, yr.) August 16 - 1875

8. AGE: Years 72 Months 5 Days 26 If less than one day hrs. min.

9. Birthplace Bohays Dead Md.
 (Town, county, and state)

10. Usual occupation Canning Factory Worker Ret.

11. Industry or business Caleb V. McNamara
Ror Co

12. Name Hester Ann Cameron

13. Birthplace Ror Co

14. Maiden name Mrs. Bessie M. McNamara

15. Birthplace Rose St., Cambridge Md

16. Informant Bessie Date thereof (month) (day) (year)

17. (Burial, cremation, or removal. Which?) Burial
 Cemetery or crematory Cambridge
 Location Cambridge Md.

18. Funeral director Kenneth R. Shaw
 Address Cambridge, Md

19. 2/17/48 (Date rec'd by registrar) John M. Shaw, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1948 12:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 1948 to Feb 11 1948
 and that I last saw him alive on Feb 11 1948

Immediate cause of death Cerebral DURATION 2 wks

Due to Brain tumor

Due to + Hypertension

Other conditions Obesity 107

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of none

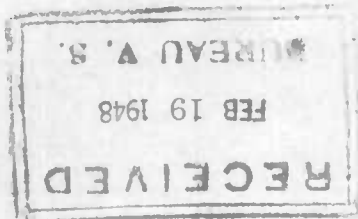
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) none

Means of injury none Injured at work? none

23. SIGNATURE John M. Shaw, Md M. D. or other

Address Cambridge Md Date signed 2-17-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

01628

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
514 Pine St.
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 514 Pine St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Rachel Molock

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced widow

6.(b) Name of husband or wife Abraham Molock (deceased)

7. Birth date of deceased (mo., day, yr.) August 3, 1870
 6.(c) If alive, give age years

8. AGE: Years 77 Months 6 Days 12 If less than one day
 hrs. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)10. Usual occupation housewife11. Industry or business home12. Name John Hughes13. Birthplace Md.14. Maiden name Larry Ann Garrett15. Birthplace Md.16. Informant Thomas MolockAddress 514 Pine St. Cambridge, Md.17. Burial Date thereof 2-18-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Fork Neck CemeteryLocation nr. Cambridge Md.18. Funeral director Levin N. BoyntonAddress Cambridge Md.19. 2-17-48 John Maciej
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1948 at noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19. to X X 19.and that I last saw him alive on X X 19.Immediate cause of death Chronic MyocarditisDue to Arterio-SclerosisDue to XOther conditions X

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jo N. Shriver, Dep. Med. Exam.
M. D. or otherAddress Cambridge, Md. Date signed Feb. 17, 1948

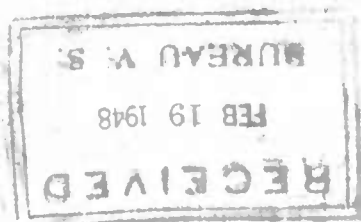
MARGIN RESERVED FOR BINDING

I

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

01629

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 1/2 hours
 Hospital, institution, or street address where death occurred:
Cant. Md. Hospital
1 1/2 hours
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Luella Murphy

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 2 - 24 - 1948

5. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

14 hrs.35 min.

9. Birthplace

Cambridge
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Crawford D. Murphy
near Co.

13. Birthplace

14. Maiden name Beatrice Brokaw

15. Birthplace

Cambridge

16. Informant

Mr. C. D. Murphy
Cambridge

Address

17. Burial Date thereof 2-25-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park
Cambridge Md.

Location

18. Funeral director Bennett S. Thomas
Cambridge, Md.

Address

19. 2-25-48 John Mace
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1948 at 5:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/24/48 to 2/24/48 and that I last saw him alive on 2/24/48

Immediate cause of death

Atabactin

DURATION

1 day

Due to

Prostate Compacted
clotting

Due to

Other conditions

Weight 3 lbs at birth
Full term twin baby
 (Include pregnancy within 3 months of death)

Major findings of operations

_____. Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

John Mace
Cambridge, Md.
 Address _____ Date signed 2/25/48

RECEIVED

FEB 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

01630

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 74 Years
Hospital, institution, or street address where death occurred:
109 Peachblossom Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 109 Peachblossom Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Tubman Parks

3. (b) Social Security Number

214-07-7559

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Lola Jones
7. Birth date of deceased (mo., day, yr.) Dec. 2, 1872 6.(c) If alive, give age 64 years
8. AGE: Years 75 Months 2 Days 12 If less than one day hrs. min.

9. Birthplace Seaford, Delaware
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business Eastern Shore Public Service
12. Name John W. Parks
13. Birthplace Delaware
14. Maiden name Mary Jane Buchamp
15. Birthplace Delaware

16. Informant Mrs. Lola J. Parks
Address Cambridge, Maryland
17. Burial Date thereof Feb. 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cambridge Cemetery
Location Cambridge, Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. 2/16 48 John M. ...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1948 at 7:45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 14, 1948 to Feb. 14, 1948
and that I last saw him alive on Feb. 14, 1948

Immediate cause of death Coronary occlusion DURATION 2 hours

Due to

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. ... M. D. or other

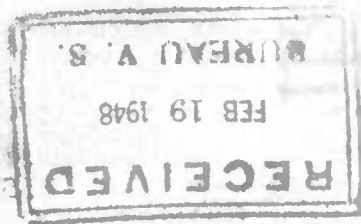
Address Cambridge, Md Date signed 2-16-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

01631

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Carroll
 City or town East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 minutes
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Wesper Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Earl H. Pennypacker

3. (b) Social Security Number

216-09-3224

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Della Pennypacker
 6.(c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) June 9, 1894
 8. AGE: Years 53 Months 7 Days 28 It less than one day
 hrs. min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Contractor & Builder
 11. Industry or business General Construction
 12. Name William R. Pennypacker
 13. Birthplace Pennsylvania
 14. Maiden name Marie Adams
 15. Birthplace Caroline County, Maryland

16. Informant Mrs. Earl Pennypacker
 Address Federalburg, Maryland
 17. Burial Date thereof February 10, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory High Crest Cemetery
 Location Federalburg, Maryland

18. Funeral director J. J. Frampton & Son
 Address Federalburg, Maryland

19. Feb 9 1948 Elizabeth C. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7/48 1948 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 1948 to not at all 1948
 and that I last saw him not at all 1948

Immediate cause of death Coronary occlusion DURATION Instant

Due to
 Due to

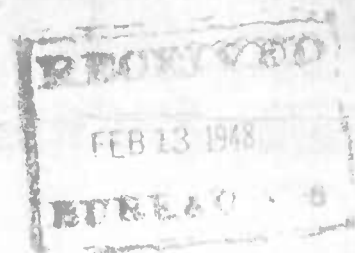
Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE John M. Smith, M.D.
 Deputy Medical Examiner Carroll Co.
 Address Chambersburg, Md Date signed 2/7/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01632

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days

Hospital, institution, or street address where death occurred:

Cambridge - Maryland Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ✓ CountyCity or town
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Minnie Sampson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

C

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Lemuel Cook Sampson6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.)

29 mo. known

8. AGE:

Years

Months

Days

If less than one day

39

hrs.

min.

9. Birthplace

Salem

(Town, county, and state)

10. Usual occupation

Lab. asst.

11. Industry or business

none

MOTHER FATHER

12. Name

Frank Mornings

13. Birthplace

Maryland

14. Maiden name

Minnie Hollis

15. Birthplace

allied

16. Informant

Margaret McKens

Address

162 Washington St. Cambridge17. Salem

(Burial, cremation, or removal, Which?)

Date thereof Feb. 15

(month) (day) (year)

Cemetery or crematory

Salem

Location

18. Funeral director

Lewis H. Bayne

Address

Cambridge Md19. Feb. 16

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1948, at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 4, 1948, to February 12, 1948and that I last saw her alive on February 12, 1948

Immediate cause of death

Acute congestive heart failure

DURATION

8 days +

Due to

Due to

Other conditions

Syphilis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

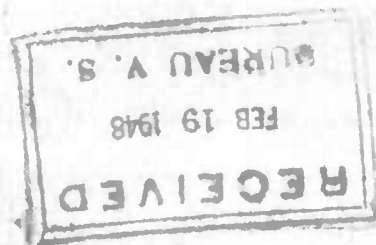
L. O. Meredith, M.D.Address Cambridge, Maryland Date signed Feb. 12, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01633

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 YearsHospital, institution, or street address where death occurred:
13 Locust StreetHow long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 13 Locust Street
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Charles H. Seward

3. (b) Social Security Number

- - - - -

| | | |
|-----------------------|----------------------------------|--|
| 4. Sex <u>Male</u> | 5. Color or race <u>White</u> | 6. (a) Single, married, widowed, or divorced <u>Widowed</u> |
|-----------------------|----------------------------------|--|

6. (b) Name of husband or wife Margaret Harris JonesDied 4/17/19467. Birth date of deceased (mo., day, yr.) May 18, 1868

| | | | | |
|---------|-----------|----------|-----------|-----------------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>79</u> | <u>8</u> | <u>14</u> | <u>-</u> hrs. <u>-</u> min. |

9. Birthplace RED. Cambridge, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Real Estate Operator11. Industry or business Real Estate12. Name Charles Henry Seward13. Birthplace Maryland14. Maiden name Clarissa Radcliff15. Birthplace Maryland16. Informant Miss Margaret MendeAddress Cambridge, Maryland17. Burial Date thereon Feb. 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Feb. 5, 1948 John M. [unclear]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1948 at 10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 1, 1948 to Feb 2, 1948
and that I last saw him alive on Feb 2, 1948Immediate cause of death Coronary Occlusion DURATION 20 min.Due to arteriosclerotic
Cardio-Vascular Renal Disease 8 yearsDue to Diabetes mellitus 8 yearsOther conditions -

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. -Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Eldridge H. [unclear]Address Cambridge Md. Date signed 2-3-48

RECEIVED
FEB 9 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01634

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
102 Glenburne Ave.
How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 102 Glenburne Ave.
(If rural, give LOCATION)
2. (a) If veteran, name war - - - -

3. (a) FULL NAME

James Gordy Todd

3. (b) Social Security Number
082-07-7071

| | | |
|---|----------------------------------|--|
| 4. Sex <u>Male</u> | 5. Color or race <u>White</u> | 6. (a) Single, married, widowed, or divorced <u>Married</u> |
| 6. (b) Name of husband or wife <u>Bertha May Willey</u> | | |
| 7. Birth date of deceased (mo., day, yr.) <u>May 19, 1894</u> | | |
| 6. (c) If alive, give age <u>53</u> years | | |
| 8. AGE: Years <u>53</u> | Months <u>7</u> | Days <u>29</u> hrs. <u>-</u> min. <u>-</u> |

9. Birthplace Cambridge, Dor. Co., Md.
(Town, county, and state)
10. Usual occupation Staff Supervisor
11. Industry or business Am. Tel. & Tel. Co.

| | |
|--------|--|
| FATHER | 12. Name <u>Houston W. Todd</u> |
| | 13. Birthplace <u>Maryland</u> |
| MOTHER | 14. Maiden name <u>Mollie E. Gordy</u> |
| | 15. Birthplace <u>Maryland</u> |

16. Informant Mrs. Bertha W. Todd
Address Cambridge, Maryland.

17. Burial Date thereof Feb. 21, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory East New Market Cemetery
Location East New Market, Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. 2/19 48
(Date rec'd by registrar) John Macauley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1948 at - M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 47 to Feb 18 19 48
and that I last saw him live on Feb 18, 1948 19 -

Immediate cause of death Coronary occlusion DURATION 2 min

Due to arteriosclerosis
cardiovascular disease 3 yrs

Due to -
Diher conditions -

(Include pregnancy within 8 months of death)

Major findings of operations - Date of op. -

Autopsy results -
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide - Date of -
Where did injury occur? - (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) -
Means of injury - Injured at work? -

23. SIGNATURE James Macauley M.D.
Address Cambridge, Md. Date signed 2/19/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 374

1. PLACE OF DEATH

County Worcester
 City or town Stockton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place at death? life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Stockton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Florence F. Tull

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white widowed6. (b) Name of husband or wife J. Frank Tull

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 18, 18688. AGE: Years 79 Months 8 Days 22 If less than one day _____ hrs. _____ min.9. Birthplace Stockton, Worcester, Maryland
(Town, county, and state)10. Usual occupation Homemaker

11. Industry or business _____

12. Name Miles Tull13. Birthplace md14. Maiden name Sarah A. Hudson15. Birthplace md16. Informant Miss Helen TullAddress Stockton md17. Burial Date thereat February 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Restview M. P. CemeteryLocation Stockton md18. Funeral director Sherry & SonAddress Rockville md19. Feb 12 1948 Mary M. Tugler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1948 at 2:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to Feb 10 1948
and that I last saw him alive on Feb 9 1948Immediate cause of death Chronic nephritis

DURATION

2 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. E. Tugler M. D. or other Feb 12Address Stockton md Date signed Feb 12, 1948

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

01635

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 113 Choptank ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Susan D. Tyler

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife George W. Tyler

7. Birth date of deceased (mo., day, yr.) Oct - 13 - 1856 6. (c) If alive, give age 79 years

8. AGE: Years 91 Months 3 Days 27 If less than one day hrs. min.

9. Birthplace Meekins Neck, Dor Co.
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Levin T. Mumock12. Name Dor Co.13. Birthplace Nancy Smith14. Maiden name Dor Co.15. Birthplace Mrs. Wm H. Leonard Sr.16. Informant Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) St. Mary's Catholic
 Cemetery or crematorium Goedew, Hill Md.
 Location Kenneth R. Stouffer

18. Funeral director Cambridge, Md.
 Address

19. Feb. 13 - 48 John M. M. M.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 48 19 48 21 1:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/2 19 48 to 7/9 19 48 and that I last saw him alive on 7/9 19 48

Immediate cause of death acute atherosclerosis DURATION

Due to

Due to

Other conditions arteriosclerosis + high blood pressure

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Manner of Injury Injured at work?

23. SIGNATURE Guy Stule M. D. or other MD
 Address Cambridge Md. Date signed Feb - 1948

RECEIVED
FEB 16 1948
BUREAU OF

Dr. Bunker

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01636

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... DorchesterCity or town... Rural-Salem

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Life

Hospital, institution, or street address where death occurred:

Salem

How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MarylandCounty... DorchesterCity or town... Rural-Salem

(If outside city or town limits, write RURAL and give nearest town)

Street No... Salem

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Alberta W. Hughes Willey

3. (b) Social Security Number

- - - - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Daniel J. WilleyDied 12/29/1936

7. Birth date of

deceased (mo., day, yr.) Feb. 27, 1865

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

821115

hrs.

min.

9. Birthplace

Drawbridge, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name... Columbus Hughes13. Birthplace... Maryland

MOTHER

14. Maiden name... Margaret Bradshaw15. Birthplace... Maryland

16. Informant

Mr. Scott Willey

Address

Drawbridge, Dor. Co., Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

FEB. 15 1948

(month) (day) (year)

Cemetery or crematory... Dorchester Memorial ParkLocation... Cambridge Maryland

18. Funeral director

Address

LeCompte's Funeral Service
Cambridge, Maryland.

19.

Feb. 13 - 19 48

(Date rec'd by registrar)

John D. ...

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 12, 19 48 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-2219 47, to2-619 48

and that I last saw him alive on

February 619 48

Immediate cause of death

Cerebral Hemorrhage
Arteriosclerosis

DURATION

9 days
10-9-15

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

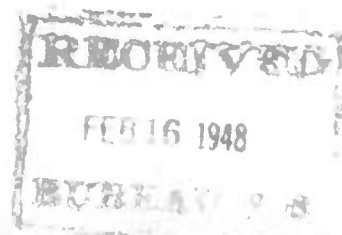
Albert B. Bunker M.D.

M. D. or other

Address... Race St. Cambridge, Md.

Date signed

15-13-48



Dr. Hanks

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01637

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Drawbridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Drawbridge
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Drawbridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Drawbridge
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Edward Nelson Willey

3. (b) Social Security Number

- - - - -

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Freida Dietrich Perry
 6. (c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) Dec. 20, 1874
 8. AGE: Years 73 Months 1 Days 21 If less than one day
 hrs. min.

9. Birthplace Drawbridge, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Dirt

12. Name Jonathan Willey
 13. Birthplace Maryland
 14. Maiden name Lacey Hurley
 15. Birthplace Maryland

16. Informant Mrs. Nelson Willey
 Address Drawbridge, Dor. Co., Md.
 17. Burial Date thereof Feb. 14, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Vienna Cemetery
 Location Vienna, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Feb. 13, 1948 John Macer Jr. M.D.
 (to be rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1948 10:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/10 1947 to 2/11 1948
 and that I last saw him alive on 2/10 1948

Immediate cause of death
Adenocarcinoma
Descending Colon
 DURATION 3 yrs

Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation X Ray Artery
 Date of op. 4/10/48

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
 Accident, suicide, or homicide. Date of
 Where did injury occur?
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE W. H. Hanks
Cambridge Md M. D. or other
 Address Date signed 4/12/48

RECEIVED
FEB 16 1948
BUREAU OF